MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039851 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5411

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED OCT 21 1963

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 12 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3912 Bales
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Will Middle: Crawford Last:

4. DATE OF DEATH Month Day Year: 10/3/63

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/23/1923

9. AGE (last birthday): 40
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman & Checker

10b. KIND OF BUSINESS OR INDUSTRY: Englander Mattress

11. BIRTHPLACE (City and state or country): Ponca City, Okla.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Will Crawford Sr.

13b. MOTHER'S MAIDEN NAME: Susie B. Cutler

14. NAME OF HUSBAND OR WIFE: Nellye Jo Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of servi: W.W. 2

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Nellye Jo Crawford 3912 Bales

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Congestion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial Insufficiency
DUE TO (c): Coronary Artery Disease
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Obesity

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

Coronary arteries are occluded & colcified.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. M. Tillman M.D. Deputy Coroner

22b. ADDRESS: 1618 Lydia Ave.

22c. DATE SIGNED: 10/3/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/7/'63

23c. NAME OF CEMETERY OR CREMATORY: ~~Lincoln Cemetery~~ Blue Ridge Lawn

23d. LOCATION (City, town, or county): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Jones & Stevens Mortuary Inc.

25. DATE RECD. BY LOCAL REG.: 10-7-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Funeral Director — DOCUMENT — MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
23c	Blue Ridge Lawn	Lincoln	10-8-63

1
2 3608 2
3
4 2
5 1
6
7 1
8 1
9 420.1
10
11
12 65-17
13

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. J. Mendoza

Licensed Embalmer No. 3994

P. O. Address 3718 E 20th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.